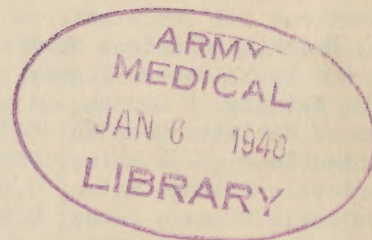
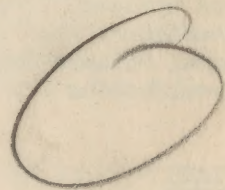
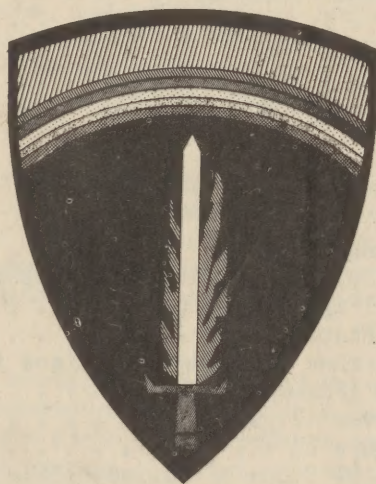


OFFICE OF MILITARY GOVERNMENT FOR GERMANY (U.S.)

PUBLIC HEALTH AND
MEDICAL AFFAIRS

(Bimonthly Review)



REPORT OF THE
MILITARY GOVERNOR

AUGUST – SEPTEMBER 1947

NO. 28

TABLE OF CONTENTS

<u>TEXT</u>	<u>Page</u>
Highlights	1
German Health Operations	1
Preventive Medicine.	3
Communicable Diseases	3
Nutrition	14
Medical Affairs.	15
Nursing	15
Hospitalization	15
Narcotics Control	16
Medical Supplies	16
Veterinary Affairs	17
Veterinary Administration and Personnel	17
Food Hygiene	17
Education	17
Animal Disease Control	17
Miscellaneous	18

DISPLAYS

Distribution of German Medical Personnel (Figure 1)	2
Reported Cases of Tuberculosis, Lungs and Larynx (Figure 2).	4
Reported Cases of Gonorrhea (Figure 3)	5
Reported Cases of Syphilis (Figure 4)	5
Penicillin Treatment of Gonorrhea in German Civilians (Figure 5)	6
Reported Cases of Diphtheria (Figure 6).	7
Reported Cases of Typhoid Fever (Figure 7)	7
Poliomyelitis in Berlin (Figure 8)	8
Age Distribution of First 1,199 Cases of Poliomyelitis in Berlin (Figure 9).	9
Effect of Opening Schools on Age Distribution of Cases in Berlin (Figure 10)	9
Deaths, Communicable Diseases (Figure 11).	11
Vaccinations and Immunizations (Figure 12)	12
Birth, Death, and Infant Mortality Rates (Figure 13)	13
Birth and Death Rates (Figure 14).	13
Average Weights of German Adults (Figure 15)	14
Status of Civilian Hospital Beds (Figure 16)	15
Communicable Disease Rates, U.S. Occupied Area, August 1947 (Figure 17).	19
Communicable Disease Rates, U.S. Occupied Area, September 1947 (Figure 18)	20
Communicable Disease Rates, U.S. Occupied Area, Aug. 1946 - Sept. 1947 (Fig.19)	21
Death Rates from Communicable Diseases, August 1946 - September 1947 (Fig.20).	22
Average Body Weights of German Adults (Figure 21).	23
Incidence of Reportable Animal Diseases (Figure 22)	24

NOTE: Statistical Annex No. 28 contains the following tables on Health and Medical Affairs:

<u>Figure Number</u>		<u>Page</u>
1	Communicable Disease Rates	82
2	Average Body Weights of Urban Adults	83
3	Birth and Death Rates	84
4	Cases of Gonorrhea Treated with Penicillin	84

HEALTH AND MEDICAL AFFAIRS

HIGHLIGHTS

The German health organization continued to carry on public health operations throughout the U.S.-occupied area during August and September under the same general handicaps as in the past. The Laender German health organizations remain understaffed and in general lack effective leadership and public support. In spite of these difficulties, no serious health hazards have developed so far, and the routine public health functions are being accomplished.

Average body weights of adult urban Germans as recorded by the street weighing program declined slightly in August and tended to stabilize in September. The incidence of specific signs of nutritional deficiency states reached the lowest level recorded in recent months. Except for the average low body weights, it is apparent that the German population enters the winter without widespread manifestations of malnutrition. The improvement noted is consistent with an increase in total food consumption as larger amounts of off-ration food from home gardens, gleanings from the harvests, etc., became available.

The incidence of typhoid fever, diphtheria, poliomyelitis, scarlet fever, and infectious hepatitis increased over the rates for the previous two months, while tuberculosis, meningitis, scabies, malaria, measles, and influenza decreased. As compared to the same period in 1946 the incidence of all communicable diseases except tuberculosis, poliomyelitis, typhoid fever, paratyphoid fever, dysentery, and infectious hepatitis was lower. In September the incidence of gonorrhea was 35 percent and syphilis 8 percent below the rate of September 1946.

An epidemic of poliomyelitis in Berlin developed in August and reached its peak in the week ending 20 September. During this two-month period there was a total of 1,199 cases and 101 deaths in the city of Berlin. The U.S. National Foundation for Infantile Paralysis furnished assistance in combatting the epidemic by providing four American specialists in epidemiology and treatment; six respirators, and materials and equipment for hot pack therapy.

Birth, death, and infant mortality data for 1947 reveal a marked decrease in the total death rate, from 15.4 per thousand of population per annum in the first quarter to 10.2 for the third quarter, while the birth rate decreased only slightly, from 17.8 for the first quarter to 17.1 for the third quarter. Infant mortality decreased to 79.8 deaths per thousand live births per annum. This compares with a rate of 92.9 for the same period in 1946 and 98.1 for the first quarter of 1947.

The first supplies of penicillin, imported pursuant to a bizonal agreement, were received and distributed in September. This import program will provide sufficient quantities to continue the treatment of venereal disease and also to provide additional amounts for the treatment of other conditions in which it is specifically indicated, thus for the first time making available to the German population reasonably adequate quantities of this valuable therapeutic agent.

The incidence of communicable animal diseases continued at a low level during this period and even showed a slight decline as compared to June and July. Efforts are being concentrated upon eliminating tubercular cattle from the farms in connection with the accelerated slaughter program made necessary by the shortage of fodder. Spot checks indicate that approximately 30 percent of the cattle in the U.S. Zone are tuberculous.

GERMAN HEALTH OPERATIONS

Only minor progress was made during August and September in building a more effective German health organization. The main obstacle to greater progress is lack of effective German leadership and public support. Some improvement in the situation was obtained in Land Hesse following the reinstatement of the former Chief Public Health Officer in August. In Land Bremen the office remained only tentatively filled, while the incumbent in the position in Wuerttemberg-Baden continues to be on a probationary status; and the German health department in Bavaria remains without a responsible head. The Laender health offices continue to be handicapped by lack of motor transportation and shortages of facilities, supplies, and equipment, while the work required by those offices has been increased by the addition of new functions such as physical examinations for the certification of

AUGUST-SEPTEMBER 1947

HEALTH AND MEDICAL AFFAIRS

invalids, supplemental rations, and school feeding, which absorbs time that formerly was devoted to the administration of public health.

In Bremen the German civilian health service has been reorganized to conform more closely with the Land administration. The Land health services are now directed by the Office of the Senator for Health Affairs. The Bremen Land health appropriation for 1947 has been increased by RM 1,262,790 over that of 1946. Ninety percent of this increase has been allocated to the administration of city hospitals and laboratories.

Some difficulty in recruiting physicians to fill official public health positions is attributed to the lack of permanence due to the failure to integrate all of these positions into the civil service system where, although they would be on a lower pay-scale, the security of tenure would be an inducement.

Sufficient numbers of various categories of professional personnel necessary to provide medical care for the population continue to be available. The following tabulation shows for the U.S. Zone, and separately for the four Laender and the U.S. Sector of Berlin, the total numbers of German professional personnel of the various professions as of the end of the first, second, and third quarters of 1947.

DISTRIBUTION OF GERMAN MEDICAL PERSONNEL
U.S.-OCCUPIED AREA
During the First Three Quarters of 1947

	TOTAL	BAVARIA	HESSE	WUERTT.- BADEN	BREMEN	BERLIN (U.S. SECTOR)
PHYSICIANS						
1st Qtr 47	16,000	7,579	2,749	3,729	584	1,359
2d Qtr 47	17,135	8,364	2,962	3,865	606	1,338
3d Qtr 47	18,666	8,908	3,777	3,978	617	1,386
NURSES						
1st Qtr 47	33,969	13,657	7,316	7,726	1,784	3,486
2d Qtr 47	36,782	15,287	7,472	8,567	1,765	3,691
3d Qtr 47	38,519	16,235	7,939	8,761	1,819	3,765
DENTISTS						
1st Qtr 47	7,095	3,040	1,350	1,612	260	833
2d Qtr 47	8,180	3,826	1,587	1,670	261	836
3d Qtr 47	8,309	3,756	1,736	1,710	260	847
MIDWIVES						
1st Qtr 47	4,687	2,049	1,199	1,252	51	136
2d Qtr 47	4,826	2,193	1,207	1,237	55	134
3d Qtr 47	4,933	2,250	1,255	1,236	55	137
PHARMACISTS						
1st Qtr 47	3,246	1,126	564	1,002	108	446
2d Qtr 47	3,100	1,269	575	661	106	489
3d Qtr 47	3,176	1,308	606	666	104	492
VETERINARIANS						
1st Qtr 47	1,218	576	282	280	24	56
2d Qtr 47	1,261	562	334	296	24	45
3d Qtr 47	1,602	691	541	300	24	46

Figure 1

AUGUST-SEPTEMBER 1947

HEALTH AND MEDICAL AFFAIRS

As of 30 September 1947 a total of 18,666 physicians provides one doctor per 992 of population. This is an improved ratio as compared to 30 March 1947 when there was one doctor to 1,135, and as of 30 September 1946, when there was one per 1,173. A total of 38,519 nurses as of 30 September 1947 gives a ratio of one nurse per 4.8 hospital beds. Difficulties continue to exist in supplying nurses and attendants in some tuberculosis sanatoria. The other professions (dentists, midwives, pharmacists, and veterinarians) are well supplied. The increases in personnel that have occurred are largely accounted for by the further assimilation of professional persons included with the expellee population transferred into the U.S. Zone, as well as by the clearances given by the Spruchkammern (Denazification Tribunals).

Considerable progress has been made in settling refugee doctors in the Laender of the U.S. Zone. Bavaria reports that 1,986 new doctors have arrived in Bavaria, of which 1,539 are private practitioners; of these 577 have received settlement licenses.

The German Aerztekammern (Chamber of Physicians) in the Zone have been partially reorganized under Military Government but they have not had all of their previous functions returned to them. The Aerztekammern previously exercised power over the issuance of professional settlement licenses and the appointment of physicians to panel practice, and held professional disciplinary courts for the trial of members of the profession in case of malpractice and violation of professional ethics. If these functions are not returned to the physicians and are to be assigned to governmental agencies, they will probably be assigned to the Ministry of Interior with the physicians' chambers acting as advisory bodies.

PREVENTIVE MEDICINE

Communicable Diseases

Morbidity and mortality rates for the population of the U.S.-occupied area form an index of health conditions for August and September and reflect the progress made in programs for the control of most of the communicable diseases (Figures 17, 18, 19 and 20, pages 19, 20, 21 and 22). Except for tuberculosis, poliomyelitis, typhoid fever, paratyphoid fever, dysentery, and infectious hepatitis, the incidence of all reportable communicable diseases was lower during August and September than for the same period in 1946. Rates for the two-month period, August and September 1947, as compared to the preceding June and July, show increases in the prevalence of typhoid fever, diphtheria, poliomyelitis, scarlet fever, and infectious hepatitis. Rates for tuberculosis, meningococcus meningitis, scabies, malaria, measles, and influenza decreased, while gonorrhea, syphilis, paratyphoid fever, and whooping cough remain essentially the same as during June and July. Tuberculosis, because of the great shortage of hospital facilities for treatment of open cases, continued to be the most serious of the communicable disease problems. Military Government has continually exerted efforts to encourage the German civil authorities to expand hospital facilities for isolation and treatment of tuberculosis patients. No major improvement in the number of hospital beds for the treatment of tuberculosis patients has been achieved since the beginning of the occupation. The main obstacles to obtaining greater progress in solving this problem are the over-all economic depression and the lack of sufficient German social and governmental support and public interest to accomplish more effective utilization of facilities presently available to the Germans. Rates for new cases of pulmonary tuberculosis declined from 34.5 cases per 10,000 per annum for June and July, to 29.5 for August and September and were 35 percent above the August-September period in 1946.

The total of the new active cases of tuberculosis of the lung and larynx, which were under the medical supervision of dispensaries and hospitals, increased from 113,461 in September 1946 to 143,517 in September 1947, with 39,879 of the latter classified as open infectious cases. The bed capacity of hospitals for the isolation and treatment of tuberculosis patients was 23,195 in September 1947. There were, in September 1947, 16,684 more cases of open infectious tuberculosis than could be treated in available hospital facilities. Tuberculosis dispensaries for the treatment and supervision of non-hospitalized cases conducted 214,421 fluoroscopic examinations and 10,809 x-rays during August and September. In Wuerttemberg-Baden there is a tuberculosis specialist in each Kreis public health office. The decrease in tuberculosis rates is believed to be partly due to a revision of the reporting system. Berlin, for example, records only the open cases in which tubercle bacilli have been demonstrated. Although the German health organization has been encouraged to concentrate greater attention on hospitalizing open infectious cases of tuberculosis as a means of controlling its spread, approximately 42 percent of the open infectious cases remained

AUGUST-SEPTEMBER 1947

HEALTH AND MEDICAL AFFAIRS

unhospitalized in September. Because of reports, for example from Schwaebisch-Gmuend, Borchingen, and Dagersheim (Wuerttemberg-Baden) indicating that many children's infections were obtained from tuberculous teachers, regulations are being introduced which require that all teachers be examined annually. In August a comparatively greater decrease in rates occurred in Berlin, Bremen, and Hesse, respectively, while there was only a slight decrease in Bavaria. Rates in Wuerttemberg-Baden, after decreasing in August, increased in September.

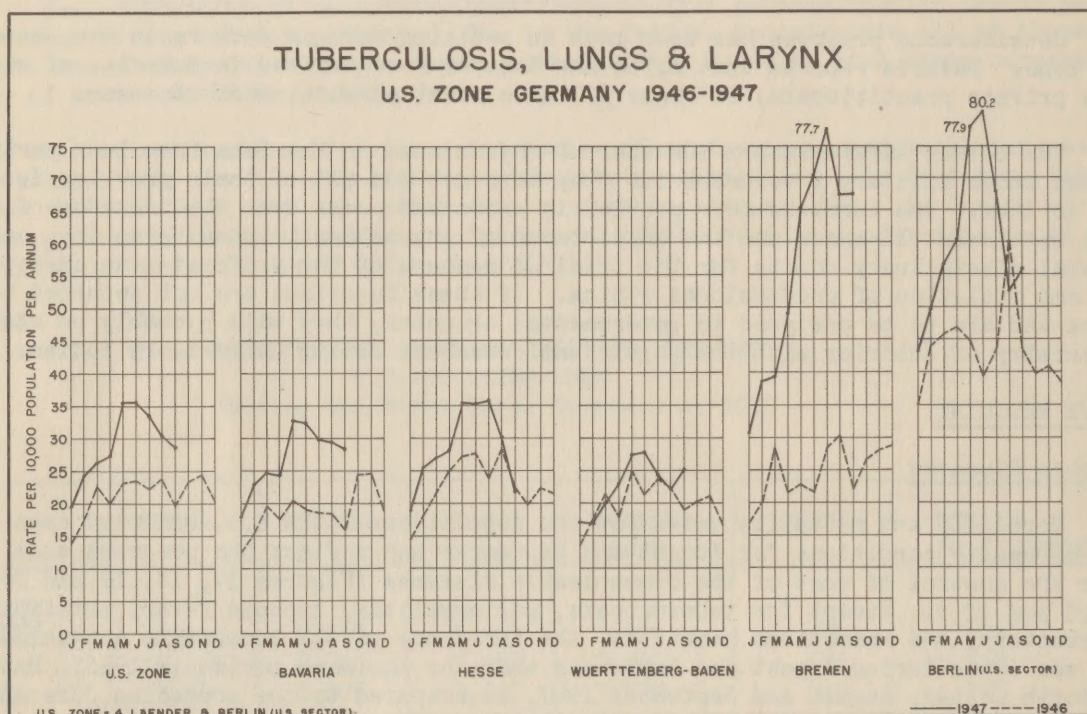


Figure 2

The Land tuberculosis facilities are concentrating on hospital care and treatment for the less advanced cases in which specialized treatment facilities are more effective. The German health organization has been encouraged to have facilities provided in each Kreis for hospitalizing the more advanced cases that are particularly infectious and are less apt to be benefitted by specialized treatment.

Three Danish Red Cross tuberculosis specialists are continuing their work in the U.S. Zone and in Berlin in assisting the German health authorities to institute a BCG vaccination program in addition to other control measures. Lectures, demonstrations, literature, equipment, and biological materials are being furnished to the German medical profession through the Danish Red Cross which is cooperating with Military Government Public Health staffs. The first mass application of this procedure in the U.S. area of occupation began at the village of Mammolshain, Land Hesse, where 820 children between the ages of 2 and 15 were tuberculin tested and approximately 87 percent of those found to be non-reactors were voluntarily vaccinated with BCG vaccine. Plans are under way to develop the program on a larger scale throughout the U.S. Occupied area.

The prevalence of venereal disease among the German population, after reaching its peak in August 1946, declined until January 1947, when gonorrhea began a slight increase which has continued through August and September. Syphilis has remained essentially unchanged since August 1946.

The rates for gonorrhea and syphilis in September 1947 were 35 percent and 8 percent respectively under those for September 1946. Bremen reports only slight changes in rates for gonorrhea and syphilis during August and September. Slight increases occurred in Berlin for both gonorrhea and syphilis during the two-month period, with the present

AUGUST-SEPTEMBER 1947

HEALTH AND MEDICAL AFFAIRS

rates for gonorrhea and syphilis respectively 49 percent and 47 percent below that of September 1946. Increased trends for gonorrhea were similar in Bavaria, Hesse, and Wuerttemberg-Baden, while syphilis rates changed only slightly in Bavaria and Wuerttemberg-Baden. In Hesse, syphilis rates decreased during August and September after moderate increases in June and July.

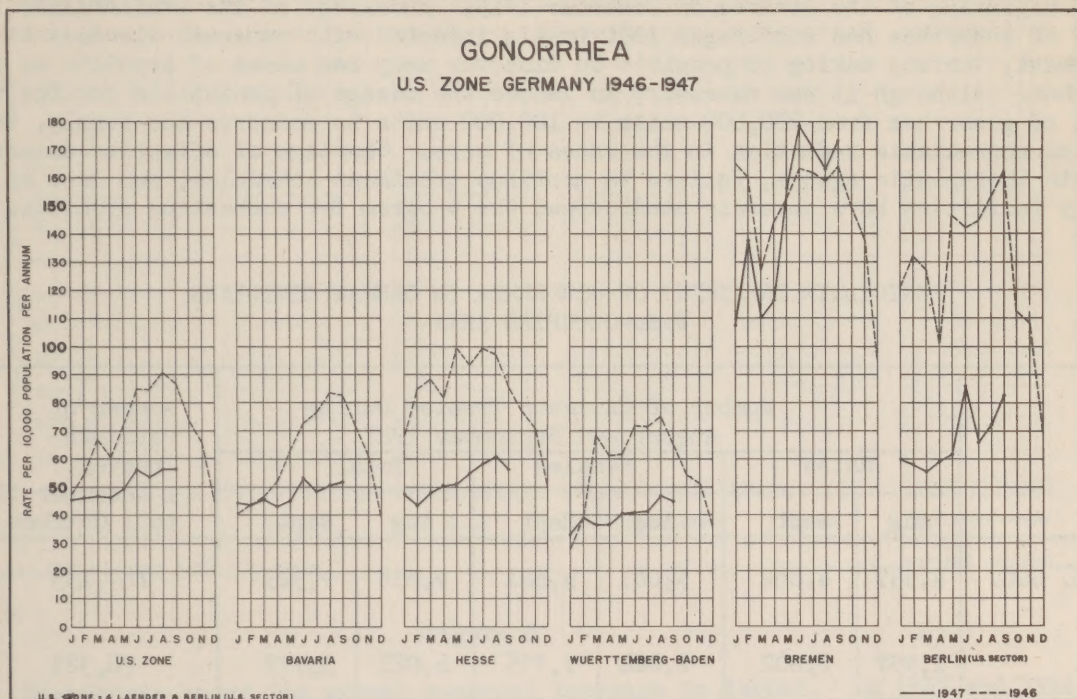


Figure 3

Of the new cases of gonorrhea recorded in August and September 62 percent were among females and 38 percent among males, while in the case of syphilis, 52 percent were among females and 48 percent among males. For August and September the rate of syphilis for the male population was 26 per 10,000 per annum, as compared to 28 for the female, and gonorrhea was 64 for the male and 61 for the female. The ratio of cases of gonorrhea to cases of syphilis has decreased from 2.94 cases of gonorrhea to 1 of syphilis in September 1946, to 2.1 to 1 in September 1947.

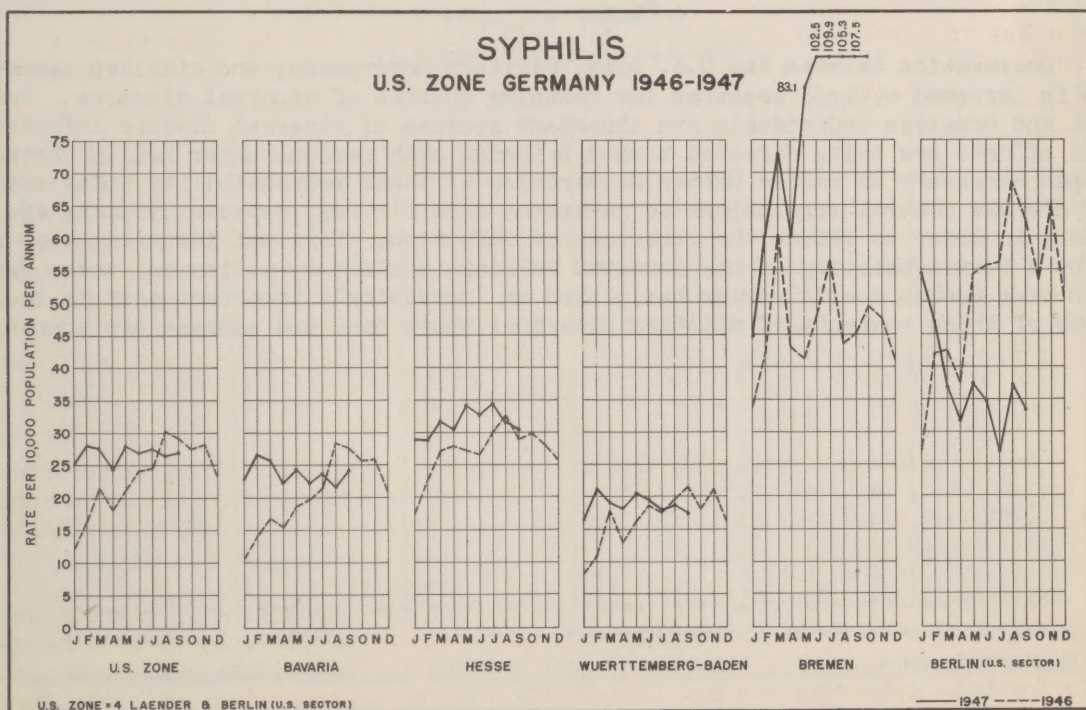


Figure 4

AUGUST-SEPTEMBER 1947

HEALTH AND MEDICAL AFFAIRS

Penicillin has been available for the treatment of gonorrhea in established treatment centers for venereal disease throughout the year in the four Laender and in the U.S. Sector of Berlin. A total of 9,638 cases of gonorrhea in August and 9,323 in September were treated with penicillin bringing to 187,133 the total number of cases treated with penicillin since the beginning of the program in December 1945. Knowledge of its availability for treatment of gonorrhea has encouraged individuals infected with venereal diseases to report for treatment, thereby making it possible to discover many new cases of syphilis as well as gonorrhea. Although it was necessary to reduce the dosage of penicillin for the initial treatment of gonorrhea from 200,000 units to 100,000 units to conserve the supply, there has been no appreciable reduction in the rates of cure. Shortage of effective arsenical and bismuth therapeutic agents, failure to continue treatment schedules, and lack of laboratory facilities have severely handicapped the program for combatting syphilis.

PENICILLIN TREATMENT OF GONORRHEA IN GERMAN CIVILIANS U.S.-OCCUPIED AREA

AREA	Number of Patients Treated During August and September 1947						Number of Patients Treated 1 December 1945 to 1 October 1947
	Males		Females		Total		
	Aug	Sept	Aug	Sept	Aug	Sept	
TOTAL U.S. OCC. AREA	4,557	4,682	5,081	4,641	9,638	9,323	187,133
BAVARIA	1,997	2,002	2,024	1,775	4,021	3,777	78,321
HESSE	1,087	1,120	1,410	1,016	2,497	2,136	42,026
WUERTT-BADEN	846	881	851	915	1,697	1,796	39,031
BRREMEN	155	203	202	352	357	555	9,632
BERLIN (US SECTOR)	472	476	594	583	1,066	1,059	18,123

Figure 5

Cooperation between the U.S. Army, Military Government, and civilian agencies has resulted in improved control measures for reducing sources of venereal diseases. Because transient and homeless individuals are important sources of venereal disease infection, increased efforts are being directed toward bringing such persons under health controls. It has been necessary to remind German authorities of their responsibility under existing venereal disease control regulations to implement case finding, especially among the male population, in order to reduce the reservoir of infection. Personal identification of the contact by a team consisting of the infected soldier, a military policeman, and a German policeman or a German health worker has played an increasingly important part in the apprehension of those contacts of military personnel whose name and address are unknown.

HEALTH AND MEDICAL AFFAIRS

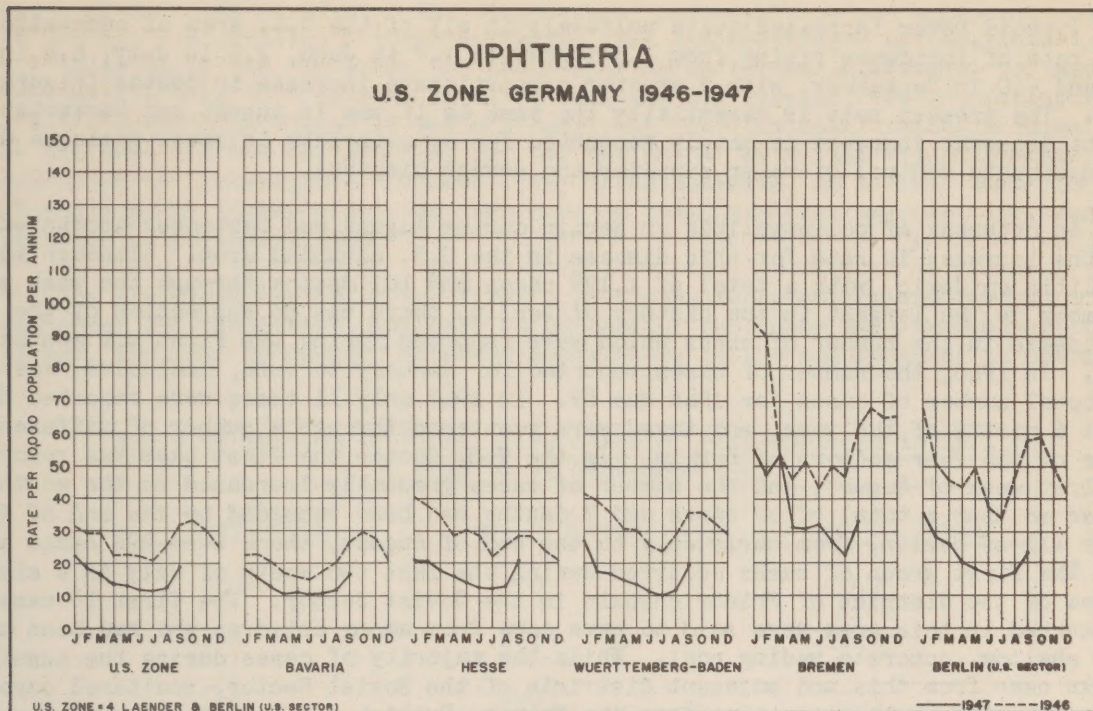


Figure 6

Diphtheria began its annual seasonal increase in August. In 1945 and 1946 the peaks of highest prevalence were reached in October and November. Control measures instituted by Military Government in 1945 included a diphtheria immunization program, which reduced the number of susceptible children, and restrictive measures for cases, carriers, and contacts. That program is being maintained in force by the Germans. Although diphtheria increased during August and September, its rate of incidence is lower than a year ago. The seasonal rise is quite uniformly distributed in the Laender and in the U.S. Sector of Berlin.

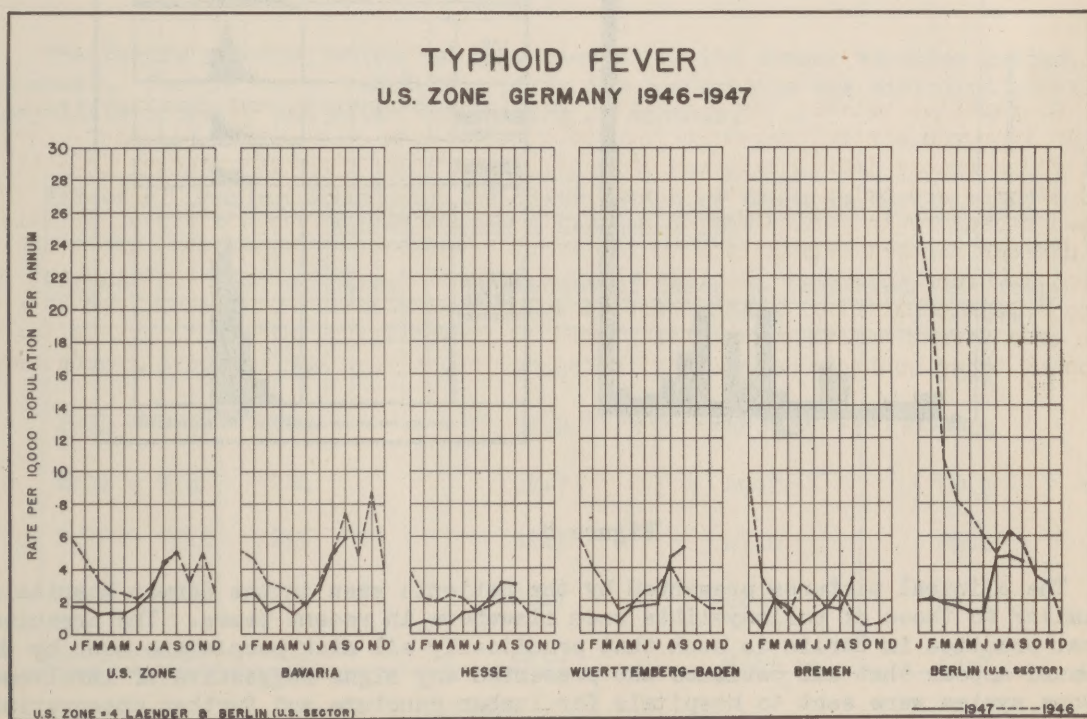


Figure 7

AUGUST-SEPTEMBER 1947

HEALTH AND MEDICAL AFFAIRS

Typhoid fever increased quite uniformly in all of the U.S. area of occupation with the rate of incidence rising from 1.3 in May to 1.7 in June, 2.5 in July, 4.4 in August, and 5.0 in September, with a greater proportionate increase in deaths (Figure 20, page 22). The present rate is essentially the same as it was in August and September 1946. The seasonal increase is mainly accounted for by outbreaks in small villages due to the inadequate control of water supplies and sewage disposal.

An outbreak of poliomyelitis in Berlin during August and September accounted for most of the increase in rate for this disease in the U.S. occupied area. Although this poliomyelitis epidemic, with a total of 1,199 cases and 101 deaths through the week ending 27 September is the largest in the history of Berlin, there was no suggestion of the ensuing epidemic in the number of cases which were reported during the first six months of the year. In 1946, the number of cases reported for January to June, inclusive, was 12 and the total number of cases for 1946 was 89. In 1947 only 11 cases were reported during the first 6 months of the year, and these were scattered through a number of different districts of the four sectors of Berlin. In the U.S. Sector the first case was reported in the first week of August, and the number of cases gradually increased as the month progressed so that a total of 40 cases and 7 deaths had been recorded by the end of August, while for all of Berlin, from early July to the end of August, there were 298 cases and 29 deaths. The first group of cases occurred during the last two weeks of July in a single small area of the district of Friedrichshain in the Soviet Sector. The first 18 cases which occurred in this area were said to have come from among children who had been using the same shallow, concrete wading pool. While the majority of cases during the ensuing four weeks came from this and adjacent districts of the Soviet Sector, scattered cases were also reported at the same time from the French, British and U.S. Sectors of the City. The number of cases increased markedly in September, reaching peak incidence during the week ending 20 September. The number of cases reported for the week ending 27 September dropped to 242, from the high of 270 for the week ending 20 September.

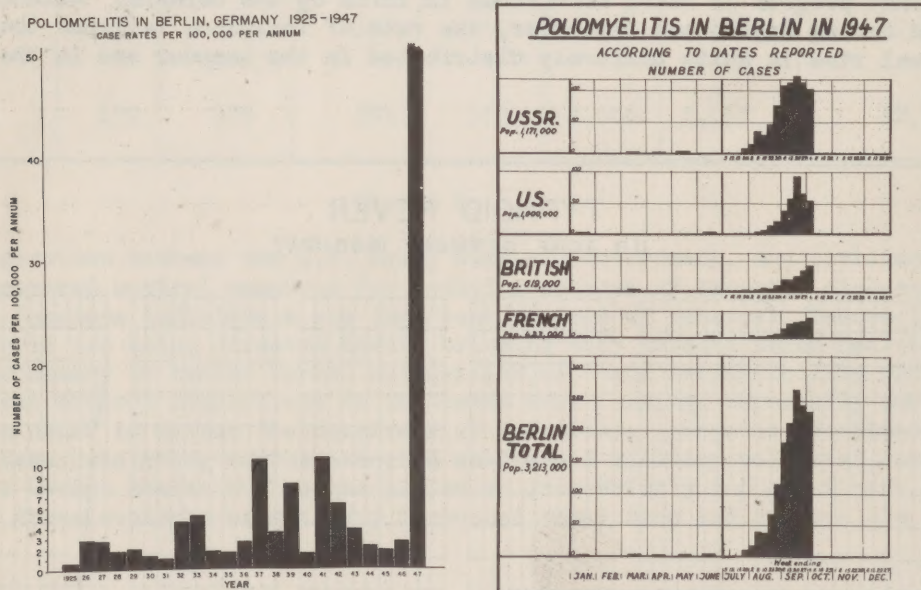


Figure 8

The clinical pictures presented by the patients seen in the German hospitals were quite similar to those of poliomyelitis seen elsewhere in recent years. The organization of medical practice in Berlin is such that practically all sick people are seen by doctors, and it would appear that all patients who presented any signs suggestive of involvement of the nervous system were sent to hospitals for lumbar puncture and further observation. In

HEALTH AND MEDICAL AFFAIRS

the absence of definite paralysis, the diagnosis of poliomyelitis was apparently made only in those who had pleocytosis. It was estimated that the proportion of paralytic to non-paralytic cases among the 960 which had been reported up to the week ending 20 September was approximately 3 to 7. The case fatality rate was 8.4 percent. From informal conversations with German physicians, it would appear that they saw simultaneously large numbers of other patients who had the symptoms but not the nuchal or spinal rigidity exhibited by those diagnosed as non-paralytic poliomyelitis; these patients, as a rule, were not admitted to the hospitals, no lumbar punctures were done on them, and they were not included among those reported as poliomyelitis.

The age distribution of the first 1,199 cases reported for the period of 20 July to 27 September 1947 indicates that only 23 percent of the cases were in children under 5 years of age, and that 28 percent occurred among those in the age group of 15 years and over.

Age Distribution of First 1,199 Cases of Poliomyelitis in Berlin, 20 July to 27 September 1947.		
Age Group	No. of Cases	Percent of Total
Under 1	8	0.7
1-4	267	22.3
5-9	400	33.3
10-14	196	16.3
15-19	103	8.6
20-29	121	10.1
30-39	58	4.8
40-49	32	2.7
50-59	13	1.1

Figure 9

The Berlin schools, which had been closed for the summer vacation period, opened on 1 September. The following tabulation gives the comparative age distribution of cases of poliomyelitis prior to and after the opening of schools.

Effect of Opening Schools on Age Distribution of Cases in Berlin, 1947				
School Opened 1 September 1947				
Period	No. of Cases	Percent of Cases in Indicated Age Group		
		Under 6	6-16	17 & Over
7/20 - 8/23	174	37.4	46.0	16.7
8/24 - 8/30	114	36.8	44.7	18.4
8/31 - 9/6	184	39.7	40.2	20.1
9/7 - 9/13	215	32.1	47.0	20.9
9/14 - 9/20	270	26.7	42.2	31.1
9/21 - 9/27	242	24.0	47.1	28.9

Figure 10

AUGUST-SEPTEMBER 1947

HEALTH AND MEDICAL AFFAIRS

To assist the German health officials in their fight against the epidemic, four American specialists in epidemiology and treatment, six respirators and materials and equipment for hot pack therapy, furnished by the National Foundation for Infantile Paralysis, were flown to Berlin from the U.S. Medical officers from the four occupying powers, the consultants from the U.S., and representatives of the German medical and nursing professions conferred on measures to improve control and treatment of the disease. Instructions were given to German doctors and nurses on the latest developments in treatment as used in the U.S., as well as on the indications for and the use of the respirators, since this type of equipment had not previously been employed by German hospitals. A thorough survey of all factors related to the epidemic included visits to hospitals, homes of patients, and inspections of environmental conditions surrounding the places of outbreak. German physicians were informed of the latest developments in methods of control of poliomyelitis, including the latest knowledge on the probable means of dissemination of the virus which causes the disease.

Besides the poliomyelitis epidemic in Berlin, only a moderate seasonal increase occurred in the rest of the U.S. area of occupation, with 129 cases reported in September. These cases were distributed as follows: 29, in Bavaria; 49, in Hesse; 16 in Wuerttemberg-Baden; and 15, in Bremen. This was less than in August, when there were 151 cases, and approximately the same as this time last year, when there were 117 cases in August and 122 in September in the U.S. Zone and U.S. Sector of Berlin.

Infectious hepatitis, with a rate of 1.2 cases per 10,000 per annum in July, 1.6 in August, and 2.0 in September, is more prevalent than a year ago when it was 0.41 in September. The rate for meningococcus meningitis, after a slight decrease in August below the July level, did not change during September and is essentially the same as a year ago. The incidence of scabies continued to decrease, with a rate of 61.6 in August and 59.7 in September, as compared to September 1946, when it was 108.0. There were no cases of typhus fever or smallpox. Respiratory diseases, reported as influenza but not confirmed by laboratory tests, decreased from a rate of 3.0 in July to 2.5 in August, and 1.9 in September. The rate for whooping cough decreased from 10.1 in August to 7.8 in September and was less than 50 percent of the rate for August and September 1946. Measles, with a rate of 16.4 in July, decreased to 8.7 in August and 5.4 in September, reaching approximately the same level as in August and September 1946.

Deaths from communicable diseases, after reaching a high point of 8.0 in March 1947, decreased gradually until July when it was 6.1 per 10,000 of population per annum, then increased to 6.4 for August and September, essentially the same as for August and September 1946 (Figure 20, page 22). Approximately two-thirds of all deaths from communicable disease in August and September were due to tuberculosis. Diphtheria was the second most common cause of death from communicable disease, with typhoid fever third, and poliomyelitis fourth. The death rate for diphtheria increased from 0.3 in August to 0.5 in September, as compared to 0.7 and 1.0 in August and September 1946. That of typhoid fever increased from 0.1 in June to 0.5 in September, as compared to 0.3 in September 1946. The poliomyelitis death rate was 0.2, as compared to 0.1 in September 1946.

HEALTH AND MEDICAL AFFAIRS

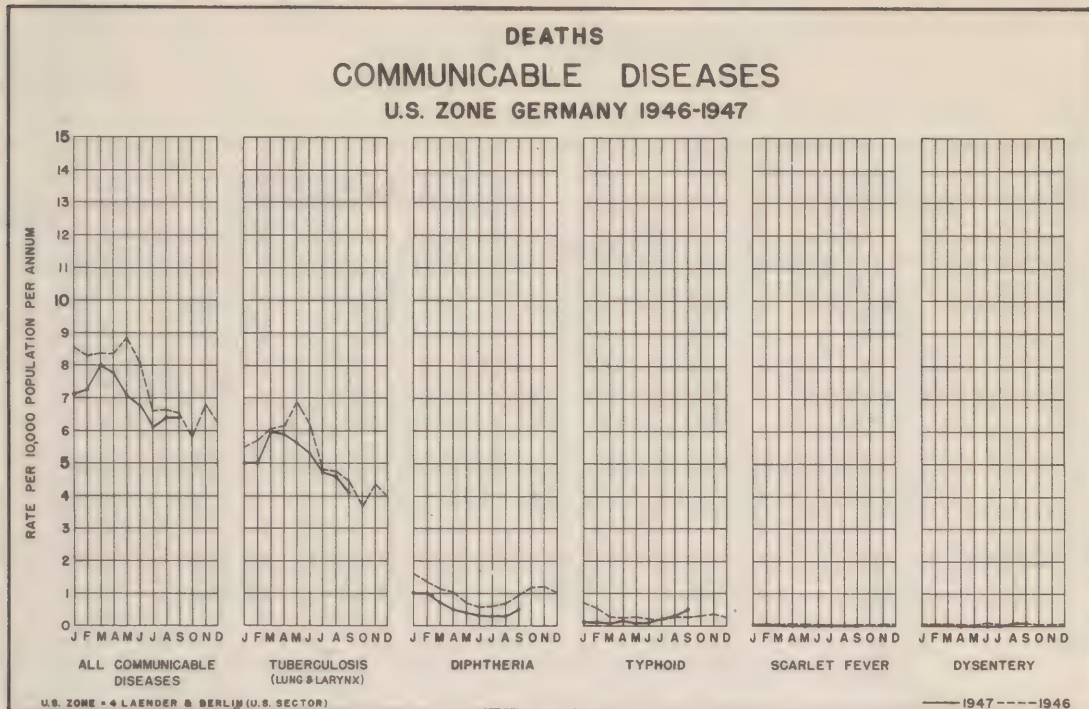


Figure 11

The water shortages in all of the Laender became very critical in many communities during August and September, necessitating a periodic shut-off of supplies in many communities, the use of unsupervised water supplies in others, and in some cases the domestic use of untreated water from ponds and rivers. Plant expansion to increase the water supply in Bremen, which should have been under way during the summer, had not been carried out due to a shortage of building materials and labor. Transport, fuel, and tire shortages interfered with garbage and refuse collection. Wuerttemberg-Baden reported that improvements had been made in the Stuttgart sewage disposal plant. The gas generated by the digesting sewage is collected for use as fuel in vehicles and the residual sludge is used as fertilizer. The final effluent from the plant is emptied into the Neckar River without further treatment. Lack of fuel for the operation of milk pasteurization plants is also a matter of concern throughout the Zone.

Programs for public enlightenment on health matters as a means of obtaining social and governmental support in developing public health programs were in progress throughout the U.S. Zone. The German public health leaders have been encouraged by Military Government to enlist the aid of labor, the clergy, the press, authorities on education, and voluntary health and social agencies in solving the many difficult health problems that now face the German population. There is still great need for translation and publication of professional literature.

Immunization programs were continued during this period. The following tabulation gives the progress made in August and September 1947 for the entire U.S. occupied area, as well as individually by Laender, and for the U.S. Sector of Berlin.

AUGUST-SEPTEMBER 1947

HEALTH AND MEDICAL AFFAIRS

VACCINATIONS AND IMMUNIZATIONS

AREA	MONTH	TYPE OF IMMUNIZATION					
		Smallpox	Diphtheria	Typhoid	Scarlet Fever	Typhus	Total 5 Types
TOTAL US OCCUPIED AREA	Aug	2,412	10,816	45,758	7,844	62	66,892
	Sept	10,978	29,854	3,033	10,119	8	53,992
BAVARIA	Aug	750	1,794	5,136	115	5	7,800
	Sept	3,566	15,582	1,955	70	-	21,173
HESSE	Aug	1,569	1,284	1,007	61	57	3,978
	Sept	4,173	4,206	1,017	5	8	9,409
WUERTT-BADEN	Aug	93	7,686	2,284	7,668	-	17,731
	Sept	3,239	10,066	61	10,044	-	23,410
BREMEN	Aug	-	52	-	-	-	52
	Sept	-	-	-	-	-	-
BERLIN (US SECTOR)	Aug	-	-	37,331	-	-	37,331
	Sept	-	-	-	-	-	-
CUMULATIVE FROM BEGINNING OF OCCUPATION TO 1 OCTOBER 1947		1,442,022	2,408,679	3,916,975	1,011,130	94,781	8,873,587

Figure 12

The birth rate has exceeded the death rate in the Zone throughout the past year. The death rate of 15.4 per 1,000 per annum approached the birth rate of 17.8 for the first quarter of 1947, but decreased significantly to 12.0 for the second quarter, and 10.2 for the third quarter, a rate far below that reached during any quarter in 1946. The birth rate decreased only slightly to 17.4 for the second, and 17.1 for the third quarters. The U.S. Sector of Berlin, the only area in which deaths have consistently exceeded births, underwent the greatest proportionate reduction in death rates during the second and third quarters. The following tabulation gives birth, death, and infant mortality rates for the past five calendar quarters for each of the four Laender and the U. S. Sector of Berlin, as well as the total for the entire U.S.-occupied area.

AUGUST-SEPTEMBER 1947

HEALTH AND MEDICAL AFFAIRS

BIRTH, DEATH, AND INFANT MORTALITY RATES

	CAL. YEAR QUARTER	US OCCUP. AREA	BAVARIA	HESSE	WUERTT- BADEN	BREMEN	U.S. SECTOR BERLIN
Birth Rate <u>a/</u>	2d 46	<u>c/</u> 17.9	20.7	15.1	17.2	<u>d/</u>	5.8
	3d 46	<u>c/</u> 18.1	20.6	16.0	16.4	<u>d/</u>	9.7
	4th 46	17.0	19.1	15.6	15.8	14.3	10.2
	1st 47	17.8	19.8	17.4	15.7	16.3	10.7
	2d 47	17.4	18.8	17.1	16.6	16.7	10.3
	3d 47	17.1	18.2	17.2	16.4	17.1	10.0
Death Rate <u>a/</u>	2d 46	<u>c/</u> 14.9	13.5	14.7	16.2	<u>d/</u>	24.0
	3d 46	<u>c/</u> 12.7	13.6	10.7	11.9	<u>d/</u>	16.6
	4th 46	14.1	14.8	12.6	12.5	11.7	19.9
	1st 47	15.4	15.3	14.5	13.0	15.6	28.5
	2d 47	12.0	11.4	10.7	13.4	10.5	19.4
	3d 47	10.2	10.3	9.4	10.2	8.6	13.4
Infant Mortality Rate <u>b/</u>	2d 46	<u>c/</u> 101.6	108.7	78.9	97.7	<u>d/</u>	135.4
	3d 46	<u>c/</u> 92.9	102.8	67.0	95.0	<u>d/</u>	70.9
	4th 46	92.2	103.0	74.9	79.7	90.7	87.4
	1st 47	98.1	104.8	82.9	91.6	105.1	116.2
	2d 47	85.0	88.3	68.1	91.1	72.4	117.8
	3d 47	79.8	90.6	64.2	72.4	38.1	91.8

a/ Birth and death rates expressed as per 1,000 population per annum.
b/ Infant mortality rates expressed as deaths under one year per 1,000 live births.
c/ Bremen not included
d/ Data not available.

Figure 13

Infant mortality rates, which decreased to 85 per 1,000 live births per annum during the second quarter of 1947, decreased to 79.8 during the third quarter, a rate well below the rate of 92.9 for the third quarter of 1946. The decrease was greatest in Bremen, Berlin, Wuerttemberg-Baden, and Hesse, whereas the rate increased in Bavaria.

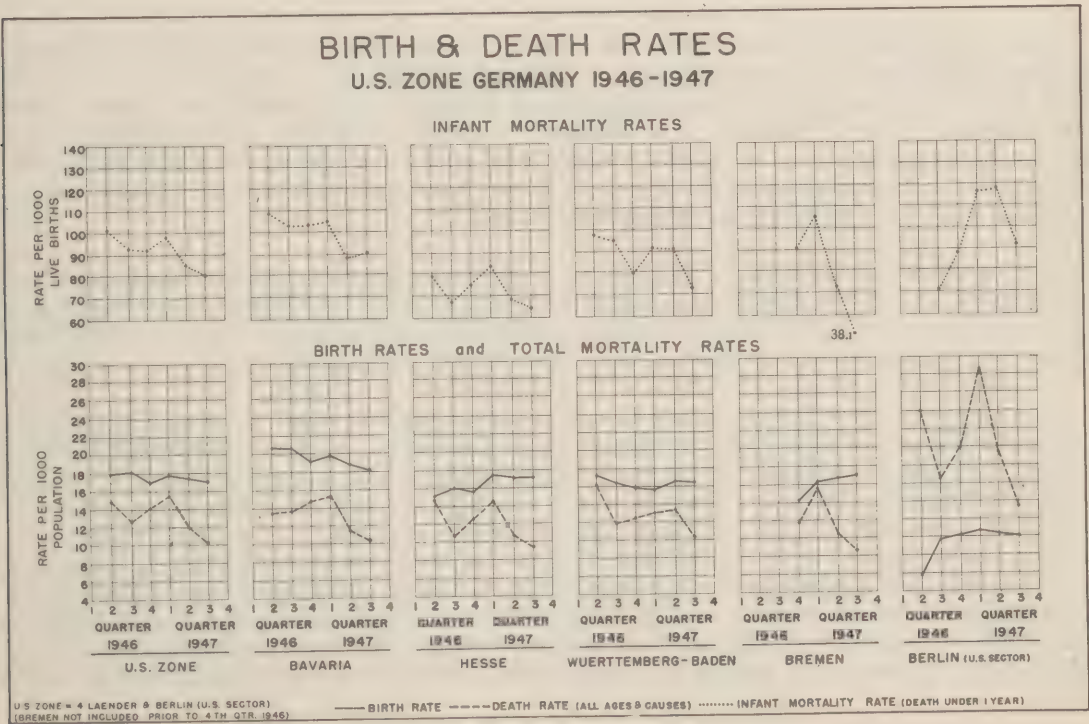


Figure 14

HEALTH AND MEDICAL AFFAIRS

Nutrition

The average body weight of the adult urban German population of the U.S. Zone, as determined by the street weighing program, for the month of August continued the gradual decline noted in June and July, although at a slower rate. In the month of September, average weights tended to stabilize at a level lower than that reported for the same period in 1946. Average losses of weight from September 1946 to September 1947 varied between 5.5 pounds for men aged 40-59 years and 0.8 pound for women aged 20-39 (Figure 21, page 23).

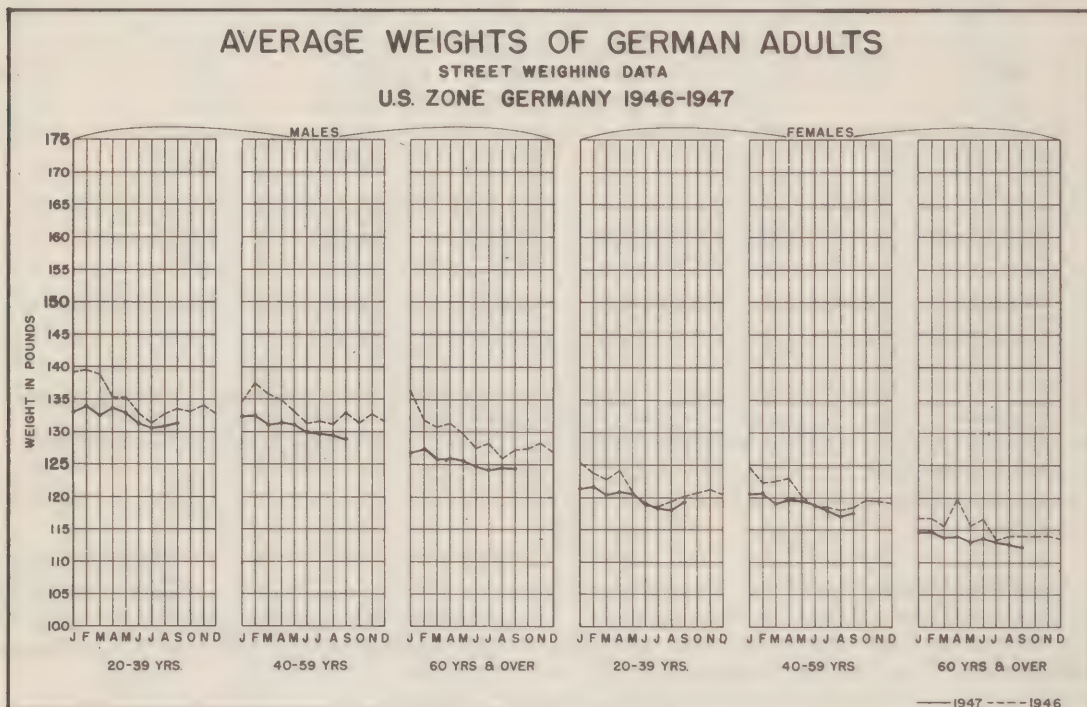


Figure 15

Data obtained by German nutrition survey teams indicate that the incidence of specific signs of states of nutritional deficiency remain at a low level. In the last two months the incidence has decreased, figures for September being the lowest reported in recent months. These findings are compatible with the weight stabilization that became apparent in September. It seems, therefore, that with the exception of a low average body weight, the German population of all age and consumer categories enters the winter without widespread manifestations of malnutrition.

During this period school weighings were interrupted by the summer vacations, making it impossible to evaluate the nutritional status of children of school age other than from data obtained by nutrition survey teams, which indicate that the incidence of nutritional deficiencies has followed the same general trend as in the adult population.

Food sources in official channels have been insufficient to honor completely the 1,555-calorie ration established for the normal consumer. However, the stabilization of body weights and the continued decrease in the incidence of specific signs of states of nutritional deficiency makes it obvious that the average consumer has been able recently to obtain more than the 250-300 off-ration calories revealed in the dietary interrogation by nutrition survey teams. It is believed that the average consumption for September from the official ration and from all off-ration sources (home gardens, gleanings from harvest fields, relief sources, the black market, etc.) is nearly 2,000 calories for the normal consumer, or about the level recommended by the Combined Nutrition Committee in its August 1945 report, in which minimal nutritional needs for the maintenance of health were established.

AUGUST-SEPTEMBER 1947

HEALTH AND MEDICAL AFFAIRS

This is the one season of the year when these fortuitous circumstances, providing large numbers of off-ration calories, prevail. With the coming of winter when less and less off-ration calories are available, this favorable weight trend and decreased percent incidence of signs of deficiency states will be dissipated, unless additional balanced ration calories are made available.

MEDICAL AFFAIRS

Nursing

Fifty-two German graduate nurses left the U.S. Zone during this period for the special six-month training and rehabilitation course in Switzerland, making a total of 80 on duty there at present. Reports from the sponsoring Swiss Nursing Association and the German nurses have been favorable. A Bizonal meeting of representatives from the Agnes Karil Free Nurses Association was held in Eschwege (Hesse) on 18 September. The chief topic of discussion was the possibility of extending the course in basic nursing to three years. Field visits to schools of nursing revealed urgent need for medical supplies not only to provide adequate care of patients, but also for the training of student nurses.

Hospitalization

Little progress was made during this period in the expansion of hospital bed capacity. Although the International Refugee Organization has initiated a program to consolidate hospital facilities for the care of displaced persons under its control, and thereby release some facilities, no great benefit has as yet materialized. There is little prospect of any significant increase in hospital capacity from major repairs of unused buildings or new construction, as materials and labor for such projects are not available. With a total of 185,256 hospital beds available as of 30 September 1947, there was a ratio of 10 beds per 1,000 of population. This is approximately the same ratio as has been maintained for the past year; increases in hospital beds are thus barely keeping pace with the increase in population. The following tabulation shows for the U.S. Zone, and separately for each of the four Laender, and the U.S. Sector of Berlin, the total numbers of all types of German hospital beds and the percentage of occupancy as of the last day of the months indicated.

STATUS OF CIVILIAN HOSPITAL BEDS
(As of Last Day of Month)

AREA	BEDS AVAILABLE			PERCENT OF BEDS OCCUPIED		
	March 47	Aug. 47	Sept. 47	March 47	Aug. 47	Sept. 47
U.S.-OCCUPIED AREA	183,862	183,891	185,256	88.3	87.2	87.9
BAVARIA	85,489	85,845	86,962	89.9	87.5	88.2
HESSE	43,464	42,002	41,507	85.4	87.3	88.3
WUERTT.-BADEN	34,424	35,618	36,323	88.4	88.7	89.2
BREMEN	6,663	6,596	6,573	89.2	85.0	87.6
BERLIN (US SECT.)	13,822	13,830	13,891	86.6	81.9	87.6

Figure 16

It will be noted that in all areas the average occupancy of hospital beds was above 87 percent and that the average for the U.S. Zone, including the U.S. Sector of Berlin, was 87.9 percent as of 30 September 1947. This is an unduly high occupancy for a season of the year when the needs for hospital care should be relatively low, and is an

AUGUST-SEPTEMBER 1947

HEALTH AND MEDICAL AFFAIRS

indication of the serious shortage of hospital beds. Elimination of emergency or expansion-type hospital beds from the bed census during the summer months may account for the small increase as compared to the number of beds which were available during the past winter. Such emergency beds could provide some additional capacity above that now reported. During the month a hospital in Lesum (Land Bremen), used by the Army, was released to the German authorities. This hospital as received consisted of only empty buildings, partially stripped of necessary utilities. The Laender Public Health authorities believed that it would require nearly a year to renovate and equip the institution as a hospital. However, the Innere Mission accepted the project and plan to have some units in operation within the next three months.

Narcotics Control

Assurances have been received through the Laender Opium Offices that a sufficient quantity of codeine is being produced to provide adequate supplies for the U.S.-occupied area for the coming winter and to assist materially in supplying the needs of other zones. During this period authorized interzonal transactions in narcotics reached a new high level, and indications are that the U.S. Zone is becoming a major source of supply for the British and French Zones.

Inspections of registered narcotics dealers by officials of the Opium Offices have become more frequent, indicating more active functioning of the German agencies responsible for narcotics. A recommendation has been made to all Laender to intensify police activities to counteract an increase in burglaries of apothecaries to obtain narcotics. A report form for each violation of the narcotic laws has been adopted, which will provide additional statistics required by the United Nations, as well as important information which does not reach Military Government through other channels.

Medical Supplies

Critical shortages of medical supplies exist in all the Laender, where former stocks of captured enemy materials, which previously served as a stop-gap have now been largely depleted. Additional releases of Army medical surplus stocks to the German economy which have been recently initiated, promise to relieve shortages of many items to meet an expected increased demand during the coming winter. Among the more essential items frequently reported as not available in sufficient quantities to satisfy minimum needs are insulin, ether, digitalis, ergot, belladonna derivatives, and agar-agar. A potato starch substitute for agar-agar is being developed at the Robert Koch Institute in Berlin and promises to be of material assistance in overcoming the shortage of culture media in bacteriological laboratories.

The medical supply situation in the U.S. Sector of Berlin improved with the receipt of approximately 24 metric tons of supplies from the U.S. Zone in September. This consisted of sanitary napkins, neosalvarsan, dental x-ray films and disinfectants. The American Women's Club of Berlin contributed considerable quantities of scarce food items, soap, and medical supplies for aid in the poliomyelitis epidemic. In Bavaria a study is being made of the production and distribution of medical items to determine appropriate priorities for allocation of raw materials to obtain an early increase in production of more critical items.

The constant problem of the shortage of insulin is expected to be relieved as soon as regular imports are received as a result of the recently approved Bizonal import program. This expenditure of funds from the proceeds of exports is designed to procure from outside of Germany sufficient insulin to supplement indigenous production so as to provide a minimum maintenance allowance for the diabetic population of the combined U.K.-U.S. Zones.

The first shipment of penicillin, imported pursuant to a Bizonal agreement to expend \$1,500,000 of appropriated funds from the joint U.K.-U.S. account for the procurement of this important item, was received in Bremen in September and was distributed to

HEALTH AND MEDICAL AFFAIRS

all the Laender of the Bizonal Area and the British and U.S. Sectors of Berlin. This import program will provide approximately 44,000 mega units per month for the Bizonal area, a quantity estimated to be sufficient to continue the treatment of venereal disease as formerly carried out, and provide enough additional for the treatment of all other cases in which it is specifically indicated. The German authorities in each Land have full responsibility for allocation, distribution, and release. Immediately upon receipt of the initial shipment, a quantity of 1,000 mega units was rushed to Berlin for use in treating those cases of poliomyelitis which were threatened with secondary complications such as pneumonia, and was undoubtedly a factor in lowering the death rate.

VETERINARY AFFAIRS

Veterinary Administration and Personnel

In the U.S. Zone the status of official veterinary personnel remains essentially unchanged as many official positions are still filled by temporary appointees. In Land Hesse 50 percent, and in Bavaria approximately 80 percent, of the official positions are filled by temporary appointees. Sufficient private practitioners are available throughout the U.S. Zone.

Food Hygiene

The shortage of electric power, accentuated by a decrease in hydro-generation because of the drought, has caused serious problems in food preservation. The inability of many of the cold storage rooms to maintain freezing temperatures resulted in the spoilage of meat and meat products in these establishments or at meat markets and other food distributors. The lack of sufficient fodder due to the dry season has made it necessary to slaughter large numbers of livestock, but difficulties have been encountered in finding sufficient cold storage space for the preservation of meat resulting from this accelerated slaughter program. Considerable amounts of meat have been preserved by canning, tinning, and pickling.

The shortage of electricity has also produced problems in milk processing. The lack of transportation (tires, gasoline) has hampered the collection of milk.

Education

Training courses for meat and trichina inspectors have been carried on throughout August and September. Courses have also been conducted throughout the Zone on sterility control of large animals. A public information campaign using radio, newspapers and professional magazines has been initiated to bring to the attention of all persons concerned, especially the rural population, the importance of eliminating from the farms diseased animals, especially animals infected with tuberculosis. These notifications have stressed the importance of using the veterinarian to test and select the animals to be slaughtered.

Animal Disease Control

The incidence of animal diseases in the U.S. Zone continued at a low level during August and September. All important communicable diseases show a slight decline from the previous low point reported during the last period. Figure 22, page 24 gives the incidence and distribution of reportable animal diseases in the U.S. Zone for August and September.

The accelerated slaughter program is being used to great advantage to reduce the number of tubercular animals throughout the Zone. Wuerttemberg-Baden has taken the lead in this campaign and has instituted a program to test all cattle of more than one year of age with the ophthalmic tuberculin test, and to provide clinical examinations in questionable cases to rid all farms of those animals infected with open forms of tuberculosis. All tuberculin positive animals are to be earmarked and registered. The distribution of healthy animals to those farms that have suffered from losses of infected animals will be instituted in cooperation with agricultural and breeding organizations. Tuberculin testing will be done in Wuerttemberg-Baden without charge to the animal owner.

It is reported that the above measures have been welcomed by both veterinarians and animal owners as a practical and effective means of reducing the animal population

AUGUST-SEPTEMBER 1947

HEALTH AND MEDICAL AFFAIRS

made necessary by the drought and at the same time reducing the amount of tuberculosis in the Zone. Recent spot checks indicate that over 30 percent of the cattle in the U.S. Zone are tuberculous. Sufficient tuberculin is available for carrying out this control program in the U.S. Zone.

Miscellaneous

Reports indicate that the number of carcasses delivered to rendering plants have increased despite the continued shortage of transportation facilities. Veterinary laboratories throughout the Zone continue to increase their services for the control of animal diseases and the examination and control of food products of animal origin. Additional laboratories have been established in Bavaria for the examination of meat and meat products.

AUGUST-SEPTEMBER 1947

COMMUNICABLE DISEASE REPORT (BY LAND)
U. S. OCCUPIED AREA OF GERMANY
FOR MONTH OF AUGUST 1947
(5 Weeks)

HEALTH AND MEDICAL AFFAIRS

L A N D	POPULATION /a	Reported Number of NEW CASES and DEATHS From COMMUNICABLE DISEASES														Cases					Deaths									
		CASES	DEATHS	Typhus Fever	Smallpox	Anthrax	Relapsing Fever	Cholera	Plague	Diphtheria	Scarlet Fever	Tbc Lung & Larynx	Tbc Other	Whooping Cough	Meningitis	Meningococcus	Poliomyelitis	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid	Dysentery	Bact. Food Poisoning	Undulant Fever	Infectious Jaundice	Scabies	Neoplasia	Influenza	Malaria	Babies
TOTAL US ZONE	18,514,000	0	0	-	-	-	-	-	-	2273	719	5411	1111	1789	41	191	10045	4700	787	731	352	19	5	288	10954	7	64	448	1556	
Bavaria	9,149,000	0	0	-	-	-	-	-	-	1060	308	2590	543	1007	21	66	4455	1906	441	414	135	14	3	196	8653	2	27	416	1063	
Hesse	4,160,000	0	0	-	-	-	-	-	-	519	203	1205	306	408	6	47	2439	1263	126	193	55	2	-	72	1154	4	14	-	401	
Wuerttemberg-Baden	3,708,000	0	0	-	-	-	-	-	-	422	154	788	154	349	12	22	1676	671	168	104	31	1	1	12	967	-	4	2	91	
Bremen	497,000	0	0	-	-	-	-	-	-	108	21	322	33	35	-	16	779	503	7	12	30	-	-	8	180	-	5	30	1	
Berlin	1,000,000	0	0	-	-	-	-	-	-	164	33	506	75	174	1	40	696	357	45	8	101	2	1	-	-	5	14	5	1	
US Sector)	1,000,000	0	0	-	-	-	-	-	-	2	2	174	13	-	1	7	-	-	4	-	3	-	-	-	-	-	-	-	-	-

Case Rates Expressed as per 10,000 Population per Annum

TOTAL US ZONE	18,514,000	-	-	-	-	-	-	-	-	12.8	4.0	30.4	6.2	10.1	0.2	1.1	56.5	26.4	4.4	4.1	2.0	0.1	0.0	1.6	61.6	0.0	-	0.4	2.5	8.7
Bavaria	9,149,000	-	-	-	-	-	-	-	-	12.1	3.5	29.4	6.2	11.4	0.2	0.8	50.7	21.7	5.0	4.7	1.5	0.2	0.0	2.2	98.4	0.0	-	0.3	4.7	12.1
Hesse	4,160,000	-	-	-	-	-	-	-	-	13.0	5.1	30.1	7.7	10.2	0.2	1.2	61.0	31.6	3.2	4.8	1.4	0.1	-	1.8	28.9	0.1	-	0.4	-	10.0
Wuerttemberg-Baden	3,708,000	-	-	-	-	-	-	-	-	11.8	4.3	22.1	4.3	9.8	0.3	0.6	47.0	18.8	4.7	2.9	0.9	0.0	0.0	0.3	27.1	-	-	0.1	0.1	2.6
Bremen	497,000	-	-	-	-	-	-	-	-	22.6	4.4	67.4	6.9	5.2	-	3.3	163.0	105.3	1.5	2.5	6.3	-	-	1.7	37.7	-	-	1.0	6.3	0.2
Berlin	1,000,000	-	-	-	-	-	-	-	-	17.1	3.4	52.6	7.8	10.1	0.2	4.2	72.4	37.1	4.7	0.8	10.5	0.2	0.1	-	5	0.1	-	1.5	5	5
US Sector)	1,000,000	-	-	-	-	-	-	-	-	17.1	3.4	52.6	7.8	10.1	0.2	4.2	72.4	37.1	4.7	0.8	10.5	0.2	0.1	-	5	0.1	-	1.5	5	5

a/ Official population estimate established by Civil Administration Division, OMGUS, as of 1 July 1947.

b/ Indicates no data submitted. - Indicates no cases reported. 0.0 Indicates rates between 0 and 0.05.

Figure 17

COMMUNICABLE DISEASE REPORT (BY LAND)
U. S. OCCUPIED AREA OF GERMANY
FOR MONTH OF SEPTEMBER 1947
(4 Weeks)

HEALTH AND MEDICAL AFFAIRS

L A N D	POPULATION a/ b/	Reported Number of NEW CASES and DEATHS FROM COMMUNICABLE DISEASES													c: Cases					d: Deaths											
		CASES	DEATHS	Smallpox	Anthrax	Relapsing Fever	Cholera	Plague	Diphtheria	Scarlet Fever	Tbc Lung & Larynx	Tbc Other	Whooping Cough	Meningitis	Poliomyelitis	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid	Dysentery Infectious	Bact. Food Poisoning	Undulant Fever	Infectious Jaundice	Scabies	Encephalitis Epidemic	Rabies	Malaria	Influenza	Measles		
TOTAL US ZONE	18,514,000	c	d	-	-	-	-	-	2705	965	4090	775	1110	31	388	8046	3832	709	583	289	19	3	292	8505	7	-	41	269	774	-	
Bavaria	9,149,000	c	d	-	-	-	-	-	1179	342	1992	377	749	16	49	3661	1694	414	429	90	6	3	147	6659	5	-	14	246	427	-	
Hesse	4,160,000	c	d	-	-	-	-	-	668	344	694	169	217	5	49	1809	971	99	64	82	1	-	82	955	2	-	8	-	306	-	
Wuerttemberg-	3,708,000	c	d	-	-	-	-	-	555	211	717	143	138	5	16	1277	499	150	69	34	10	-	27	691	-	-	8	1	41	-	
Baden	497,000	c	d	-	-	-	-	-	13	-	123	17	2	1	-	-	-	9	1	1	-	-	-	200	-	-	4	22	-	-	
Bremen	497,000	c	d	-	-	-	-	-	126	24	258	23	6	3	15	662	411	13	18	15	-	-	36	-	-	-	-	-	-	-	
Berlin	1,000,000	c	d	-	-	-	-	-	177	44	429	63	b/	2	259	637	257	33	3	3	68	2	-	-	b/	-	-	7	b/	b/	-
(US Sector)	1,000,000	d	-	-	-	-	-	-	3	-	120	12	-	-	22	-	-	3	-	4	-	-	-	-	-	-	-	-	-	-	-
Case Rates Expressed as per 10,000 Population per Annum																															
TOTAL US ZONE	18,514,000	-	-	-	-	-	-	-	19.0	6.8	28.7	5.4	7.8	0.2	2.7	56.5	26.9	5.0	4.1	2.0	0.1	0.0	2.0	59.7	0.0	-	0.3	1.9	5.4	-	-
Bavaria	9,149,000	-	-	-	-	-	-	-	16.8	4.9	28.3	5.4	10.6	0.2	0.7	52.0	24.1	5.9	6.1	1.3	0.1	0.0	2.1	94.6	0.1	-	0.2	3.5	6.1	-	-
Hesse	4,160,000	-	-	-	-	-	-	-	20.9	10.8	21.7	5.3	6.8	0.2	1.5	56.5	30.3	3.1	2.0	2.6	0.0	-	2.6	29.8	0.1	-	0.3	-	9.6	-	-
Wuerttemberg-	3,708,000	-	-	-	-	-	-	-	19.4	7.4	25.1	5.0	4.8	0.2	0.6	44.8	17.5	5.3	2.4	1.2	0.4	-	0.9	24.2	-	-	0.3	0.0	1.4	-	-
Baden	497,000	-	-	-	-	-	-	-	33.0	6.3	67.5	6.0	1.6	0.8	3.9	173.2	107.5	3.4	4.7	3.9	-	-	9.4	52.3	-	-	1.0	5.8	-	-	-
Bremen	497,000	-	-	-	-	-	-	-	23.0	5.7	55.8	8.2	b/	0.3	33.7	82.8	33.4	4.3	0.4	8.8	0.3	-	-	-	-	-	0.9	b/	b/	-	-
Berlin	1,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(US Sector)	1,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Case Rates Expressed as per 10,000 Population per Annum

TOTAL US ZONE	18,514,000	-	-	-	-	-	-	-	19.0	6.8	28.7	5.4	7.8	0.2	2.7	56.5	26.9	5.0	4.1	2.0	0.1	0.0	2.0	59.7	0.0	-	0.3	1.9	5.4
Bavaria	9,149,000	-	-	-	-	-	-	-	16.8	4.9	28.3	5.4	10.6	0.2	0.7	52.0	24.1	5.9	6.1	1.3	0.1	0.0	2.1	94.6	0.1	-	0.2	3.5	6.1
Hesse	4,160,000	-	-	-	-	-	-	-	20.9	10.8	21.7	5.3	6.8	0.2	1.5	56.5	30.3	3.1	2.0	2.6	0.0	-	2.6	29.8	0.1	-	0.3	-	9.6
Wuerttemberg-	3,708,000	-	-	-	-	-	-	-	19.4	7.4	25.1	5.0	4.8	0.2	0.6	44.8	17.5	5.3	2.4	1.2	0.4	-	0.9	24.2	-	-	0.3	0.0	1.4
Baden	497,000	-	-	-	-	-	-	-	33.0	6.3	67.5	6.0	1.6	0.8	3.9	173.2	107.5	3.4	4.7	3.9	-	-	9.4	52.3	-	-	1.0	5.8	-
Bremen	497,000	-	-	-	-	-	-	-	23.0	5.7	55.8	8.2	b/	0.3	33.7	82.8	33.4	4.3	0.4	8.8	0.3	-	-	b/	-	-	0.9	b/	b/
(US Sector)	1,000,000	-	-	-	-	-	-	-	23.0	5.7	55.8	8.2	b/	0.3	33.7	82.8	33.4	4.3	0.4	8.8	0.3	-	-	b/	-	-	0.9	b/	b/

a/ Official population estimate established by Civil Administration Division, OMGUS, as of 1 July 1947.

b/ Indicates no data submitted.

- Indicates no cases reported.

0.0 Indicates rates between 0 and 0.05.

Figure 18

HEALTH AND MEDICAL AFFAIRS

COMMUNICABLE DISEASE RATES
U. S. OCCUPIED AREA OF GERMANY
FOR PERIOD AUGUST 1946 THROUGH SEPTEMBER 1947
Expressed as Cases per 10,000 Persons Annually

P E R I O D	Typhus Fever	Smellpox	Anthrax	Relapsing Fever	Cholera	Plague	Diphtheria	Scarlet Fever	Tbc Lung & Larynx	Tbc Other	Whooping Cough	Meningitis	Poliomyelitis	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid	Dysentery	Bact. Food Poisoning	Undulant Fever	Infectious Jaundice	Scabies	Rhcephalitis Epidemic	Rabies	Malaria	Influenza	Measles
August 1946	0.0	-	-	0.0	-	-	25.3	5.9	23.9	4.0	25.1	0.2	0.7	90.6	30.2	4.2	2.5	1.1	0.3	0.0	0.3	93.7	0.1	-	0.8	0.8	5.0
September 1946	0.0	-	-	-	-	-	31.6	7.8	19.7	3.3	19.4	0.2	1.0	86.7	29.2	5.1	1.3	0.8	0.0	0.1	0.4	108.1	0.0	-	0.5	0.9	6.0
October 1946	0.0	-	-	-	-	-	33.1	6.3	23.4	3.3	17.3	0.2	0.6	73.6	27.3	3.3	1.3	0.7	0.4	0.0	0.5	103.7	0.1	-	0.3	1.0	9.3
November 1946	-	-	-	-	-	-	30.0	6.2	24.4	3.4	16.0	0.2	0.3	65.9	28.2	5.0	0.9	0.5	0.0	-	0.7	120.2	0.1	-	0.1	1.2	26.2
December 1946	-	-	-	-	-	-	24.9	5.4	20.3	3.6	13.1	0.2	0.2	44.4	23.2	2.6	0.5	0.4	0.0	0.0	0.4	105.6	0.0	-	0.1	1.3	35.4
January 1947	-	0.0	0.0	-	-	-	22.6	4.8	19.6	2.9	12.2	0.5	0.1	45.3	25.2	1.7	0.4	0.4	0.1	0.0	0.4	109.0	0.0	-	0.1	2.0	37.5
February 1947	-	0.0	-	-	-	-	18.6	4.4	24.2	3.3	10.1	0.4	0.1	46.1	28.1	1.7	0.5	0.3	1.0	0.0	0.4	106.5	0.0	-	0.1	4.0	21.7
March 1947	0.0	0.0	-	0.0	-	-	16.5	3.9	26.4	4.9	6.5	0.4	0.1	46.6	27.6	1.2	0.2	0.4	0.0	0.0	0.6	101.1	0.1	-	0.1	2.9	14.6
April 1947	0.0	-	-	-	-	-	13.9	3.9	27.5	5.5	7.3	0.3	0.1	46.3	24.4	1.3	0.7	0.3	0.7	0.0	0.7	95.0	0.0	-	0.1	3.7	14.3
May 1947	0.0	-	-	-	-	-	13.3	3.8	35.6	6.4	8.5	0.3	0.0	49.4	28.0	1.3	0.8	0.3	0.6	0.0	1.1	107.4	0.1	-	0.3	6.1	19.0
June 1947	0.0	-	-	-	-	-	11.9	3.8	35.6	5.8	9.3	0.3	0.2	56.1	26.8	1.7	4.6	1.0	0.2	0.0	1.1	81.7	0.0	-	0.6	4.9	23.1
July 1947	-	-	-	-	-	-	11.6	4.4	33.4	5.6	9.5	0.3	0.3	53.4	27.5	2.5	3.8	1.3	0.1	0.0	1.2	70.4	0.0	-	0.5	3.0	16.4
August 1947	-	-	-	-	-	-	12.8	4.0	30.4	6.2	10.1	0.2	1.1	56.5	26.4	4.4	4.1	2.0	0.1	0.0	1.6	61.6	0.0	-	0.4	2.5	8.7
Week Ending: 2 Aug 1947	-	-	-	-	-	-	10.3	3.5	35.5	4.8	10.6	0.2	0.4	54.8	25.9	3.0	3.4	1.4	0.3	0.1	1.6	71.8	0.1	-	0.5	3.6	11.9
9 Aug 1947	-	-	-	-	-	-	13.1	3.8	29.3	6.0	7.7	0.2	0.7	56.3	26.0	3.0	2.9	1.4	0.0	-	1.7	66.7	0.0	-	0.3	2.7	11.0
16 Aug 1947	-	-	-	-	-	-	12.2	3.9	28.3	6.5	9.9	0.2	0.6	55.2	25.8	4.6	3.8	2.3	0.1	0.0	1.5	57.1	-	-	0.3	2.8	7.1
23 Aug 1947	-	-	-	-	-	-	14.3	4.3	24.3	6.3	10.6	0.3	1.7	59.6	24.5	5.1	5.2	2.0	0.1	0.0	1.9	55.9	0.1	-	0.2	1.5	8.6
30 Aug 1947	-	-	-	-	-	-	14.0	4.6	34.6	7.6	11.5	0.2	2.0	56.2	29.9	6.3	5.3	2.9	0.1	-	1.3	56.2	-	-	0.5	2.0	5.1
September 1947	-	-	-	-	-	-	19.0	6.8	28.7	5.4	7.8	0.2	2.7	56.5	26.9	5.0	4.1	2.0	0.1	0.0	2.0	59.7	0.0	-	0.3	1.9	5.4
Week Ending: 6 Sept 1947	-	-	-	-	-	-	17.1	5.9	28.9	4.6	8.6	0.1	2.2	56.2	28.7	4.2	4.0	2.5	0.1	-	2.2	59.3	-	-	0.3	1.8	5.8
13 Sept 1947	-	-	-	-	-	-	19.3	6.0	27.9	7.4	8.9	0.2	2.6	54.5	23.5	4.4	4.6	2.0	0.1	-	2.1	57.8	0.1	-	0.3	1.9	3.9
20 Sept 1947	-	-	-	-	-	-	18.8	7.2	26.8	5.2	6.5	0.3	3.5	56.4	27.6	6.1	3.7	2.0	0.1	0.1	1.6	60.9	0.1	-	0.3	1.9	5.2
27 Sept 1947	-	-	-	-	-	-	20.8	8.0	31.3	4.6	7.1	0.3	2.6	58.9	27.9	5.2	4.1	1.7	0.2	-	2.2	60.9	0.1	-	0.3	2.0	6.8

0.0 Indicates rates between 0 and 0.05.

- Indicates no cases reported.

Figure 19

AUGUST-SEPTEMBER 1947

HEALTH AND MEDICAL AFFAIRS

DEATH RATES FROM COMMUNICABLE DISEASES
FOR PERIOD AUGUST 1946 THROUGH SEPTEMBER 1947
U. S. OCCUPIED AREA OF GERMANY
Expressed as Deaths per 10,000 Population per Annum

AREA AND PERIOD	Typhus Fever	Smallpox	Anthrax	Relapsing Fever	Cholera	Plague	Diphtheria	Scarlet Fever	The Lung & Larynx	The Other	Whooping Cough	Meningitis	Poliomyelitis	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid	Dysentery Infectious	Bact. Food Poisoning	Undulant Fever	Infectious Jaundice	Scabies	Rosepallitis Epidemic	Rabies	Malaria	Influenza	Measles	TOTAL ALL COMMUNICABLE DISEASES	
August 1946	0.0	-	-	-	-	-	0.7	-	4.7	0.4	0.1	0.1	0.1	-	0.0	0.3	0.0	0.1	0.1	-	-	-	0.0	-	0.0	-	0.0	6.6	
September 1946	-	-	-	-	-	-	1.0	0.0	4.4	0.3	0.1	0.1	0.1	-	0.0	0.3	0.1	0.1	0.0	-	-	-	0.0	-	0.0	-	-	6.6	
October 1946	-	-	-	-	-	-	1.2	0.0	3.7	0.3	0.1	0.0	0.1	-	0.0	0.3	0.0	0.1	0.0	-	-	-	0.0	-	-	-	0.0	5.8	
November 1946	-	-	-	-	-	-	1.2	0.1	4.4	0.4	0.1	0.1	0.0	-	0.1	0.4	0.0	0.0	0.0	-	-	-	0.0	-	-	-	0.0	6.8	
December 1946	-	-	-	-	-	-	1.0	0.1	4.0	0.4	0.2	0.1	0.0	-	0.0	0.3	0.0	0.0	0.0	-	-	-	0.0	-	0.0	-	0.1	6.3	
January 1947	-	-	-	-	-	-	1.0	0.0	5.0	0.5	0.1	0.2	0.0	0.0	0.1	0.2	0.0	0.0	0.0	-	0.0	0.0	-	-	-	0.0	0.1	7.2	
February 1947	-	-	-	-	-	-	1.0	0.1	5.0	0.8	0.1	0.2	-	-	0.1	0.2	0.0	0.0	0.0	-	0.0	0.0	-	-	-	-	0.1	7.5	
March 1947	0.0	-	-	-	-	-	0.7	0.0	6.0	0.6	0.1	0.2	0.0	0.0	0.1	0.1	0.0	0.0	0.0	-	0.0	-	-	-	-	0.0	0.0	8.0	
April 1947	-	-	-	-	-	-	0.5	0.0	5.9	0.8	0.1	0.1	0.0	0.0	0.1	0.2	0.0	0.0	0.0	-	-	-	0.0	-	-	-	0.0	7.8	
May 1947	-	-	-	-	-	-	0.4	0.0	5.6	0.7	0.1	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	-	0.0	-	-	-	-	0.0	0.0	7.1	
June 1947	0.0	-	-	-	-	-	0.3	0.0	5.3	0.9	0.0	0.1	0.0	0.0	0.0	0.1	0.0	-	0.0	0.0	-	-	-	-	-	0.0	0.0	6.8	
July 1947	-	-	-	-	-	-	0.3	0.0	4.7	0.6	0.0	0.1	0.0	0.0	0.0	0.2	0.0	0.0	0.0	-	-	-	0.0	-	0.0	0.0	0.0	6.1	
August 1947	-	-	-	-	-	-	0.3	0.0	4.6	0.7	0.0	0.1	0.2	0.0	0.1	0.3	0.1	0.1	0.0	-	-	-	0.0	-	0.0	0.0	0.0	6.4	
BAVARIA	-	-	-	-	-	-	0.4	-	3.6	0.4	0.0	0.1	0.1	0.0	0.1	0.4	0.1	0.0	0.0	-	-	-	-	-	0.0	0.0	0.0	5.2	
HESSE	-	-	-	-	-	-	0.3	-	4.0	0.5	-	0.0	0.3	-	0.1	0.1	0.1	0.2	-	-	-	-	-	-	-	-	0.1	5.6	
WURTEMBERG-BADEN	-	-	-	-	-	-	0.1	0.0	4.4	0.5	0.0	0.2	0.1	-	-	0.2	0.1	0.1	-	-	-	-	-	-	-	-	0.0	5.8	
BRUNNEN	-	-	-	-	-	-	0.4	-	0.6	7.3	-	-	-	-	-	-	-	0.2	-	-	-	-	-	-	-	-	-	-	8.6
BERLIN (US SECTOR)	-	-	-	-	-	-	0.2	-	18.1	1.4	-	0.1	0.7	-	-	0.4	-	0.3	-	-	-	-	-	-	-	-	-	-	21.2
September 1947	-	-	-	-	-	-	0.5	0.0	4.1	0.6	0.1	0.1	0.2	-	0.0	0.5	0.1	0.1	0.0	-	-	-	-	-	0.0	0.0	-	-	6.4
BAVARIA	-	-	-	-	-	-	0.6	0.0	3.1	0.4	0.0	0.1	0.1	-	0.0	0.7	0.1	0.1	0.0	-	-	-	-	-	0.0	0.0	-	-	5.2
HESSE	-	-	-	-	-	-	0.5	0.1	3.8	0.4	0.2	0.1	0.2	-	-	0.2	0.0	0.1	-	-	-	-	-	-	-	-	-	-	5.5
WURTEMBERG-BADEN	-	-	-	-	-	-	0.5	-	4.3	0.6	0.1	0.0	-	-	-	0.3	0.0	0.0	-	-	-	-	-	-	-	-	-	-	5.9
BRUNNEN	-	-	-	-	-	-	0.5	-	2.6	5.5	-	0.5	0.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9.4
BERLIN (US SECTOR)	-	-	-	-	-	-	0.4	-	15.6	1.6	-	-	2.9	-	-	0.4	-	0.5	-	-	-	-	-	-	-	-	-	-	21.3

0.0 Indicates rates between 0 and 0.05. - Indicates no deaths reported.

AUGUST-SEPTEMBER 1947

Figure 20

AUGUST-SEPTEMBER 1947

Figure. 21

HEALTH AND MEDICAL AFFAIRS

INCIDENCE OF REPORTABLE ANIMAL DISEASES U. S. OCCUPIED AREA OF GERMANY FOR AUGUST AND SEPTEMBER 1947 ^{a/}

DISEASE	TOTAL U.S. ZONE		Land Bavaria		Land Hesse		Land Wurttg- Baden		Land Bremen		Berlin (US Sect)	
	Aug	Sep	Aug	Sep	Aug	Sep	Aug	Sep	Aug	Sep	Aug	Sep
Anthrax	1	-	-	-	-	-	1	-	-	-	-	-
Blackleg	4	3	2	2	-	-	1	-	1	1	-	-
Coital Vesicular Exanthema	12	5	4	1	-	-	8	4	-	-	-	-
Contagious Abortion of Bovine	10	7	7	7	2	-	1	-	-	-	-	-
Dourine of Equine	-	3	-	3	-	-	-	-	-	-	-	-
Encephalomyelitis of Equine (& Bornu)	8	6	3	1	1	-	4	5	-	-	-	-
Erysipelas of Swine	861	654	540	314	219	240	101	100	-	-	1	-
Foot and Mouth Disease	-	-	-	-	-	-	-	-	-	-	-	-
Fowl Cholera	4	6	4	6	-	-	-	-	-	-	-	-
Fowl Pest	118	81	87	49	2	-	29	32	-	-	-	-
Glanders	1	-	1	-	-	-	-	-	-	-	-	-
Infectious Anemia of Equine	13	28	9	15	2	2	2	11	-	-	-	-
Malignant Edema of Bovine	-	-	-	-	-	-	-	-	-	-	-	-
Pox of Ovine	-	-	-	-	-	-	-	-	-	-	-	-
Rabies	-	-	-	-	-	-	-	-	-	-	-	-
Scabies of Bovine	1	1	-	-	-	-	1	1	-	-	-	-
Scabies of Equine	14	12	10	7	1	-	3	3	-	1	-	1
Scabies of Ovine	31	14	29	10	1	-	1	4	-	-	-	-
Swine Fever	-	3	-	-	-	3	-	-	-	-	-	-
Texas Tick Fever	5	-	-	-	5	-	-	-	-	-	-	-
Trichomoniasis	31	88	21	88	-	-	10	-	-	-	-	-
Tuberculosis of Bovine (open)	10	15	1	-	9	-	-	15	-	-	-	-
Nosemosis of Bees	-	-	-	-	-	-	-	-	-	-	-	-

^{a/} All figures are numbers of premises (farms) newly infected during the period.

Figure 22

AUGUST-SEPTEMBER 1947

OCCUPIED AREAS OF GERMANY

WITH ZONES AND LAENDER



U.S. and BRITISH OCCUPIED AREAS



UNCLASSIFIED AREA OF DENIAL

NO FOREIGN DISSEM

NO UNCLASSIFIED DISSEM



Lithographed by
the



Adjutant General

ONGUS